



Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report

Demonstration/Quarter Reporting Period

Demonstration Year: 22 (1/1/2019 – 12/31/2019)

Federal Fiscal Quarter: 2-2019 (4/1/19 – 6/30/19)

To **Ed Francell**

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Delaware's Diamond State Health Plan (DSHP) 1115 Demonstration Waiver was initially approved in 1995, and implemented beginning on January 1, 1996. The original goal of the demonstration was to improve the health status of low-income Delawareans by expanding access to healthcare to more individuals throughout the State; creating and maintaining a managed care delivery system with an emphasis on primary care; and controlling the growth of healthcare expenditures for the Medicaid population. The DSHP 1115 Demonstration was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and create cost efficiencies in the Medicaid program that could be used to expand coverage. Delaware achieved its objective of implementation of mandatory managed care focused on primary care in 1996 and invested the resulting waiver savings in Delaware's Medicaid eligibility coverage expansion to uninsured adults up to 100% of the federal poverty level (FPL). Long before Medicaid expansion under the Affordable Care Act, Delaware was a pioneer in coverage expansion for individuals who would otherwise not be eligible for Medicaid. Delaware built upon this success with the eventual expansion of coverage for family planning services, leading up to participating in Medicaid expansion under the Affordable Care Act (ACA) in 2014. The demonstration was previously renewed on June 29, 2000, December 12, 2003, December 21, 2006, January 31, 2011, and September 30, 2013.

Through an amendment approved by CMS in 2012, Delaware was authorized to create the Diamond State Health Plan Plus (DSHP-Plus), which is Delaware's managed long-term services and supports (MLTSS) program. Additional state plan populations to receive services through MCOs, including (1) individuals receiving care at nursing facilities (NF) other than intermediate care facilities for the mentally retarded (ICF/MR); (2) children in pediatric nursing facilities; (3) individuals who receive benefits from both Medicaid and Medicare (dual eligibles); and (4) workers with disabilities who buy-in for coverage. This amendment also added eligibility for the following new demonstration populations: (1) individuals who would previously have been enrolled through the 1915(c) home and community based services (HCBS) waiver program for the Elderly and Disabled. This include those receiving services under the Money Follows the Person demonstration; (2) individuals who would previously have been enrolled though the 1915(c) HCBS waiver for Individuals with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) Related Diseases; (3) individuals residing in NF who no longer meet the current medical necessity criteria for NF services; and (4) adults and children with incomes below 250 percent of the Supplemental Security Income Federal Benefit Rate who are at risk for institutionalization. Additionally, this amendment expanded HCBS to include: (1) cost- effective and medically necessary home modifications; (2) chore services; and (3) home delivered meals.

In 2013, the demonstration was renewed and amended to provide authority to extend the low income adult demonstration population to individuals with incomes up to 100 percent of the FPL until December 31, 2013. After that date, the demonstration population was not necessary because it was included under the approved state plan as the new adult eligibility group

authorized under the ACA. The new adult group, for individuals with incomes up to 133 percent of the FPL, receive medical assistance through enrollment in MCOs pursuant to this demonstration. In addition, Delaware's authority for the family planning expansion program under this demonstration expired December 31, 2013, when individuals became eligible for Medicaid expansion or Marketplace coverage options.

The demonstration was amended in 2014 to authorize coverage for enhanced behavioral health services and supports for targeted Medicaid beneficiaries through a voluntary program called Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) starting in 2015. PROMISE enrollees include Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require HCBS to live and work in integrated settings.

Technical changes were incorporated into the demonstration in October 2017 and an amendment was approved in December 2017 to add coverage for out-of-state former foster care youth. In July 2019, the demonstration was extended for an additional five years and an amendment approved to provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD).

Delaware's goals in operating the demonstration are to improve the health status of low-income Delawareans by:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles;
- Improving overall health status and quality of life of individuals enrolled in PROMISE;
- Increasing and strengthening overall coverage of former foster care youth to improve health outcomes for this population; and
- Increase enrollee access and utilization of appropriate SUD treatment services; decrease use of medically inappropriate and avoidable high-cost emergency and

hospital services; increase initiation of follow-up SUD treatment after emergency department discharge; and reduce SUD readmission rates.

The DSHP demonstration includes five distinct components: 1) The DSHP Medicaid managed care program provides Medicaid state plan benefits through a comprehensive managed care delivery system to most recipients eligible under the state plan; 2) The DSHP Plus program provides long-term care services and supports (LTSS) to certain individuals under the State Plan, and to certain demonstration populations; 3) The PROMISE program provides enhanced behavioral health services fee-for-service (FFS) to Medicaid beneficiaries with a higher level of behavioral health needs and functional limitations who need HCBS to live and work in integrated settings; 4) Coverage for former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe when they “aged out” of foster care at age 18 (or such higher age as elected by the state), were enrolled in Medicaid at that time, and are now residents in Delaware applying for Medicaid; and 5) Coverage for high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as IMDs.

Outreach/Innovative Activities

AmeriHealth Caritas and Highmark Health Options both launch Diabetes Prevention program

Diabetes Prevention Program (DPP) and the YMCA of Delaware – Effective June 1st the YMCA of Delaware has signed contracts with both Delaware Medicaid MCO's to provide the Diabetes Prevention Program. June will be the soft launch. This means that Medicaid members who call the YMCA will be enrolled in the Diabetes Prevention Program.

Highmark Health Options Outreach Events

(Here are two examples of Highmark Health Options outreach events for this quarter.)

Highmark Health Options participated in the "Our Journey to Wellness" event on May 4, 2019 was held at the John H. Ammon Medical Center at Christiana Hospital, Newark, DE. This community event had several area agencies in attendance. There was workgroups, breakout sessions, Health Screenings and more. Highmark Health Options had an exhibitor table, which will include health and wellness materials.

Highmark Health Options (HHO) and Delaware Private Duty Nursing (PDN) Agency Forum - On May 7th Highmark Health Options met with PDN agency staff. The goal of the meeting was to update the PDN agencies on HHO process and procedures improvements related to PDN; facilitate open discussion regarding the state of private duty nursing in Delaware and to identify barriers, challenges and solutions to address the nursing shortage. This May meeting was a 6 month follow up scheduled after the last meeting. The forum encouraged open dialogue amongst the agencies and HHO staff. Agencies identified several challenges and presented possible solutions. The meetings will continue every 6 months.

AmeriHealth Caritas Outreach Events

(Here are two examples of AmeriHealth Caritas outreach events for this quarter.)

AmeriHealth Caritas - partnered with the American Lung Association to execute their **"Open Airways for School"** asthma self-management training program. AmeriHealth Caritas currently has 4 Certified Facilitators (2 Care Coordinators + 2 Community Health Navigators). Community Health Navigators are currently going into the schools to do Asthma education. They have held two classes at the Newark Charter School in New Castle County and two at the Allen Frear Elementary School in Kent County. The Goal is to host at least one class per month at a public or charter school within the state.

AmeriHealth Caritas Delaware- 2019 Assessment and Treatment of SUD Conference at Delaware State University was held on April 9, 2019 with over 300 attendees. The bulk of the attendees were from state agencies and from the provider sector.

Special Interest Meeting/Conference

National Governor's Association - Steve Groff attended the NGA Opioid Summit for New Administrations. Steve participated in a panel discussing Access to Non-Pharmacologic Treatments for pain along with the Medical Director for the Oregon Health Evidence Review Commission. The meeting focused strongly on data/surveillance efforts and emerging threats, including stimulants and methamphetamines as well as harm reduction strategies.

Child and Adult Core Set Stakeholder Workgroup – Steve Groff was selected to serve on the Child and Adult Stakeholder Workgroup for the 2020 Annual Review. The Workgroup is charged with assessing the 2019 Core Sets and making recommendations to CMS for removal or addition of measures to strengthen and improve the Core Sets for 2020.

The Workgroup met in Washington DC May 7-10 to review measures recommended for removal or addition. Criteria for decision-making included: Actionable, Clinical Relevance, Feasibility, and Alignment/Strategic Priority.

Social Determinants of Health (SDOH) – On April 4, 2019, DMMA convened a group of providers and payers to kick-off our work around Social Determinants of Health. Dr. Brown, DMMA Medical Director, facilitated the meeting that was attended by the MCOs, health systems, federally qualified health centers, and behavioral health providers. The purpose of the meeting was to discuss existing efforts to identify and address SDOH, identify shared barriers, and share opportunities for collaboration.

National Association of States United for Aging and Disabilities (NASUAD) - Kathleen Dougherty, Chief of Managed Care Operations participated in three panel discussions: “Seniors and Persons with Disabilities want to Work, how can we help them”, “It’s not just HCBS Tackling Institutional Care” and “Feeducation”: How States, Health Plans, and Community Based Organizations Can Work Together to End Senior Hunger.” The NASUAD Spring Symposium was focused on Managed Long Term Supports and Services in Medicaid and Services for Adults under the Older Americans Act.

Delaware Opportunity Fund

Governor Carney has a three-year Opportunity Funding initiative to target resources toward Delaware’s most disadvantaged students. DMMA produced a Medicaid toolkit to help educate schools and school districts on the opportunities to partner with Medicaid and Medicaid MCOs to support dental, vision and asthma-related services in schools

Delaware Family Voices

DE Medicaid continues to support Delaware Family Voices. Caring for children with special needs is often complex, and Delaware Family Voices and the Family to Family Health Information Center is in the unique position to help. This organization states that “We help families of children with special needs become informed, experienced, and self-sufficient advocates for their children and themselves.” DMMA and our managed care organizations, Highmark Health Options and AmeriHealth Caritas DE participate in these monthly calls assisting families to navigate the complex healthcare field. There were three monthly calls this quarter: April 9th, May 14th and June 11, 2019. DMMA stays in contact outside of scheduled calls to assist any Medicaid family in need.

Operational/Policy Developments/Issues

Children with Medical Complexity - The Children with Medical Complexity Advisory Committee (CMCAC) held its second quarter meeting on April 17, 2019. The Committee reviewed and approved the finalized Guiding Principles document that will be used to help CMCAC members with Charter governance. The CMCAC Skilled Home Health Workgroup is in the planning stages of designing a private duty nursing workforce study that will look at the various elements of the nursing shortage in home health care, and its impacts on children with medical complexity and their families/caregivers. The Skilled Home Health Nursing Workgroup is looking for any volunteers to help with the study. The CMCAC Data Workgroup in collaboration with the MCOs are working on a quantitative analysis of Gaps in Care.

Given the quantity of information and the need for transparency, DMMA’s website now has a link dedicated to Children with Medical Complexity—see link below. The Division has also published the official definition for Children with Medical Complexity in the Provider Bulletin, and has developed a listserv that will distribute news and updates about CMC.

https://dhss.delaware.gov/dhss/dmma/children_with_medical_complexity.html

DSHP MCO Enrollment of Lifespan 1915(c) Waiver Enrollees

On July 1, 2019, approximately 1200 Lifespan Waiver enrollees living in residential settings began enrolling in the the DSHP MCOs for their non-Lifespan Waiver services. DMMA conducted rigorous readiness planning and review activities leading up to this date and successfully implemented the transition to DSHP MCOs.

Dental

On May 21, 2019 DMMA released a request for information to seek broad stakeholder feedback on key issues for DHSS to consider in redesigning its Medicaid dental benefit. DHSS is interested in exploring alternative approaches to providing essential dental benefits to children and adults aimed

at: 1) improving access to care; 2) closing the gaps in care in the current system; and 3) improving health outcomes. DMMA is now considering the feedback received in response to the RFI.

In June 2019, the Delaware General Assembly approved S.S. 1 for S.B. 92 to expand Medicaid coverage of routine dental care to include adults. This was later signed by Governor Carney on August 6, 2019 and DMMA will be assessing the impact, if any, on the DSHP 1115 waiver in the upcoming quarters.

Managed Care Reporting/Quality Assurance and Monitoring Activity

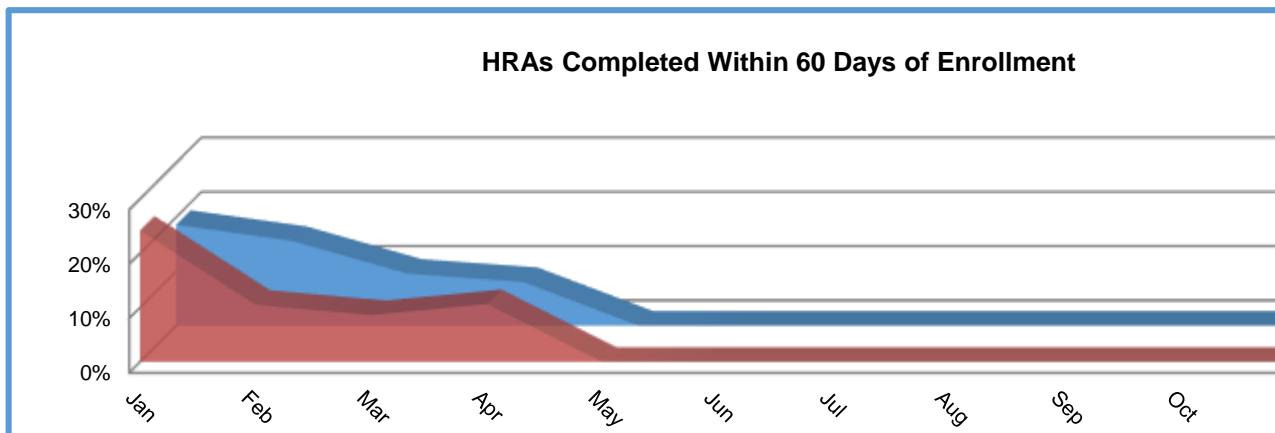
QCMMR and QCMMR Plus Reporting

The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DHSP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations Team worked in conjunction with Mercer, our EQRO contractor and the MCOs in developing the guidelines and reporting templates. The QCMMR and QCMMR Plus was developed as a method to specify the metrics to be reported monthly, compare metrics for the two commercial health plans, monitor the results at the State level, and roll up the results quarterly and annually for executive level reporting on the managed care program. The metrics or measures flow from contractual requirements or federal or state regulations contained in the Managed Care program contract.

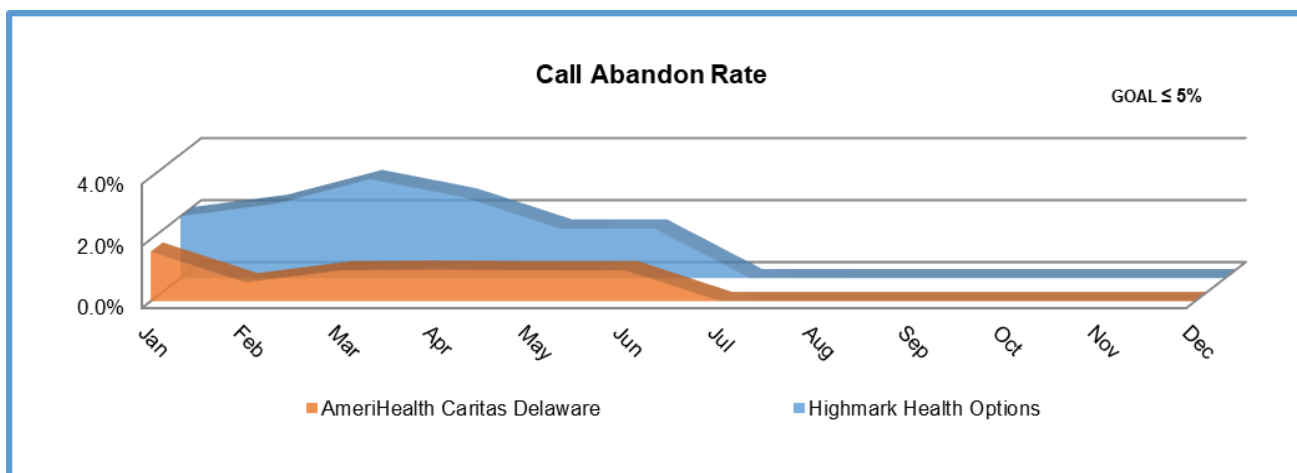
DMMA Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Managed Care Operation's goal is to establish a partnership with the MCOs to improve quality of care for our Medicaid population.

DMMA continues to evaluate the QCMMR reports for both DSHP and DSHP Plus populations. DMMA has been working in conjunction with the MCOs to redefine and modify the reporting template to assure both MCOs are pulling and reporting the same data.

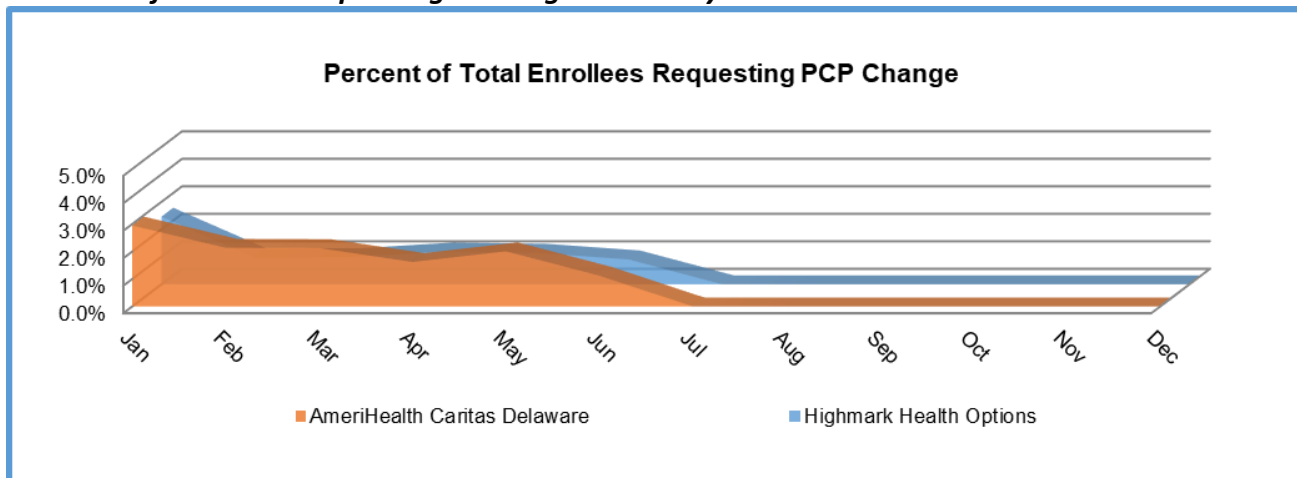
Health Risk Assessment Completion Rate



Customer Service: Call Abandon Rate



Percent of Enrollees Requesting a Change in Primary-Care Provider



Quality Management Strategy (QMS)

The Delaware Quality Management Strategy (QMS), under the Medicaid Managed Care 1115 Waiver, incorporates quality assurance (QA) monitoring and ongoing quality improvement (QI) processes to coordinate, assess and continually improve the delivery of quality care. The Quality Improvement Initiative (QII) Task Force, whose membership includes a multi-disciplinary state-wide group of external contractors and state agencies, participates in oversight and monitoring of quality plans and improvement activities of Medicaid and Title XXI DHCP funded programs based upon the goals identified in the QMS. The four goals of the 1115 managed care demonstration waiver, in which over 90% of Delaware's Medicaid and CHIP members are enrolled, are monitored through the QII Task Force:

- Goal 1:** To improve timely access to care and services for adults and children with an emphasis on primary care and preventive care, and to remain in a safe and least-restrictive environment
- Goal 2:** To improve quality of care and services provided to DSHP, DSHP Plus, and CHIP members;
- Goal 3:** To control the growth of health care expenditures
- Goal 4:** To assure member satisfaction with services

The QMS goals serve as a basis for guiding QII Task Force activities for all Task Force membership. The QII Task Force guiding values and principles are to: seek to achieve excellence through ongoing QII activities; employ a multi-disciplinary approach to identify, measure and access timeliness and quality of care of services to members; hold providers of care accountable; identify collaborative activities; achieve cultural sensitivity; link the community and other advocacy and professional groups; create a forum for communication and open exchange of ideas.

QII Activity

During the 2nd quarter of this monitoring period, the QII Task force reviewed Goal # 1 of the Quality Strategy:

- Goal # 1 :** To improve timely access to appropriate care and services for adults and children with an emphasis on primary, preventative, and behavioral healthcare and to remain in a safe and least restrictive environment.

The QII Task Force presented and discussed ways that their collective agencies and organizations were working to improve access to care and services as well as any strategies and interventions to address barriers identified. One organization presented on a model of receiving Preventive Care to Children through EPSDT Coordinator Services. The hypothesis is that Access to care will increase with an identified EPSDT coordinator. Barriers to Access were identified such as transportation. These barriers are being addressed within the State and MCO level. Lead Screening has been focused on and a collaborative effort with DPH and tool kits developed for providers to assist with barriers identified.

Case Management Oversight

DMMA Case Management/Care Coordination oversight of the DSHP and DSHP Plus populations completed their 2nd Quarter onsite case file reviews with Highmark Health Options and AmeriHealth Caritas. DMMA discussed our findings and opportunities for improvement with each MCO. Our team continues to work collaboratively with each MCO; this includes onsite meetings with each MCO.

DMMA oversight staff completed approximately 185 joint visits during the second quarter of 2019, which included both Community based settings and Nursing Facilities. DMMA has trained additional staff to perform onsite visits, which has increased our oversight capabilities in the 1st and 2nd quarters of 2019, enabling us to ensure all members are receiving the highest quality of care. DMMA meets quarterly with each MCO to go over findings of the JV oversight findings.

Managed Care Meeting

The Bi-Monthly Managed Care meetings are a forum to discuss issues in a collaborative manner. The meeting is used to collaborate on common practices, identify issues, plan resolutions and establish connections to our sister agencies for coordination of care.

DMMA did not have a joint Managed Care meeting this quarter. We met with both MCOs during this quarter preparing to move our DDDS population into the MCOs for the first time. As of July 1, 2019, the DDDS population will receive their medical care from our MCOs. We were in Readiness Review with both MCOs to make sure they were prepared to provide care and services to this population.

Medicaid Provider Bulletin

In the second quarter issue, readers will find information on the following topic.

- Provider Portal Enhancements
- How-to-Corner
- Promoting Interoperability News
- Manual & Forms Updates
- Reminders
- DCTP
- Vaccines for Children
- Program Integrity

- Pharmacy Corner
- MCO Corner
- Dental News
- EPSDT
- PERM
- Need Assistance

To read the entire Delaware Medical Assistance Program Provider Bulletin; see **Attachment C**.

Expenditure Containment Initiatives

DMMA does not have any new cost containment initiatives to report for this quarter.

Financial/Budget Neutrality Development/Issues

Budget Neutrality Workbook – not attached at this time.

Enrollment Information

Demonstration Populations	Ever Enrolled
Population 1: Tanf Children less than 21	89,223
Population 2: Tanf Adults aged 21 and over	31,737
Population 3: Disabled Children less than 21	5,598
Population 4: Aged and Disabled Adults 21 and older	6,322
Population 5: Infants less than one year of age with income levels above 185 percent FPL through 200 percent FPL; optional targeted low income children	None charged to Medicaid/Title XIX
Population 6: Uninsured Adults up to 100% FPL	57,272
Population 7: Family Planning Expansion	None; program terminated in 2013
Population 8: DSHP-Plus State Plan	9,700
Population 9: DSHP-Plus HCBS	5,045
Population 10: DSHP TEFRA-Like	0
Population 11: ACA Adults at 101-133% FPL	9,700
Total	214,597

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the April 1, 2019 to June 30, 2019 period based on capitation claims and for the PCCM, MC enrollment and eligibility files. Clients who were in more than one eligibility category during the quarter are reported based on their last status (most recent month). Age calculated as of the first day of the most recent month of enrollment, consistent with reporting of member months.

Member Month Reporting

A. For use in budget neutrality calculations –

Eligibility Group	Month 1 April 2019	Month 2 May 2019	Month 3 June 2019	Total Quarter ending June 30, 2019
DSHP TANF CHILDREN	85,264	84,954	84,671	254,889
DSHP TANF ADULT	30,117	29,885	29,702	89,704
DSHP SSI CHILDREN	5,517	5,508	5,515	16,540
DSHP SSI ADULTS	6,248	6,233	6,233	18,704
DSHP MCHP (Title XIX match)	0	0	0	0
Expansion Group <100% FPL	53,318	53,242	53,264	159,824
New ACA Adults 101 to 133% FPL	9,706	9,655	9,662	29,023
FP Expansion	0	0	0	0
DSHP-Plus State Plan	8,931	8,934	8,946	26,811
DSHP-Plus HCBS	4,807	4,860	4,942	14,609
DSHP TEFRA-Like	0	0	0	0
MCHIP Title XXI Chip Funds	0	0	0	0

Consumer Issues

Met with the consumer group, Family Voices who reported concerns about ABA services and the need to increase the network. DMMA is reviewing the concerns while at the same time, along with the MCOs, are continuing enrolling/credentialing providers to increase the network.

HBM Highlights from the HBM Second Quarter 2019 report

Summary of Outreach Accomplishments

- Provided 419 separate translation services for DMMA and DSS programs, for members and caseworkers
- Documented 238 instances of caseworker assistance
- Completed 29 enrollments in person

- Distributed the HBM newsletter each month, Statewide, to caseworkers and supervisors
- Provided translation for the Audit Recovery Management Services unit at DSS and the Quality Control Unit

For detailed information regarding all HBM activities during this quarter, please see

Attachment-A the HBM Second Quarter 2019 report and
Attachment B the HBM Monthly Newsletters.

Program Integrity

The Surveillance Utilization and Review Unit (SUR) continues to collaborate with contractor Qlarant to identify strategies to combat fraud, waste, and abuse in the Delaware Medicaid Program. These efforts include policy reform, data analytics, and overpayment recovery.

In response to growing concerns regarding the potential for fraud in the area of personal care services, a review and revision of the personal care services policy was completed with assistance from Qlarant and DMMA's policy unit. The proposed revision has been submitted to leadership for approval and is awaiting implementation. Other potentially vulnerable areas continue to be evaluated including non-emergency medical transportation, appeal procedures, and durable medical equipment.

To ensure compliance with recent changes to the CMS-issued Program Integrity Manual, appropriate changes have been made to internal polices for data sampling and extrapolations. Efforts were also made to improve communication and education of providers regarding the use of extrapolation and overpayment collection methods. Audit plans for private duty nursing services are complete and reviews of both fee-for-service and MCO claims data are in the beginning stages of sample selection. The development of algorithms to improve DMMA's ability to address fraud waste and abuse is ongoing. The SUR unit is utilizing contractor Qlarant to provide training to SMA data analysts on the development and implementation of edits and algorithms. The training will improve the unit's ability to perform high-level data analytic functions in house.

Delaware Medicaid continues to place high value on the collaborative fraud detection efforts with both MCOs providing services to Delaware Medicaid recipients. The monthly meetings with each MCO, as well as the joint quarterly sessions held in conjunction with our Medicaid Fraud Control Unit (MFCU), have proven to be effective in identifying aberrant billing patterns and provider misconduct within the Medicaid program. This collaborative approach is also helping to ease the transition of auditing encounter data, as MCO input is essential to the success of this effort.

Unified Program Integrity Contractor (UPIC) Safe Guard Services (SGS) has begun an in-depth review of personal care services paid while a member is hospitalized. The UPIC contractor is also gathering information from DMMA to support the development of a tool to assist with Medicaid Managed Care provider audits.

At the direction of the DMMA Medical Director, Delaware has initiated an internal task force to combat the growing problem of opioid abuse. The task force is notified of all potential overdose deaths in the state, currently averaging one per day. Delaware is utilizing this data to run queries and analyzing the data to identify common threads among these deaths, with the ultimate goal being to establish policies and protocols to reduce deaths from opioid misuse.

Family Planning Expansion Program

Delaware’s Family Planning waiver discontinued per the 1115 Waiver on December 31, 2013.

Demonstration Evaluation

DMMA will be conducting an interim evaluation of the current 1115 to be submitted with an updated renewal request.

Enclosures/Attachments

Attachment-A contains information about:

- Health Benefits Manager Report, Second Quarter 2019
- DSHP Enrollment Summary
- Telephone Summary
- Forms, Returned Mail & Mailings
- Client Complaints & Assisted Caseworker Calls Summary
- Outreach Report
- DHCP Report
- HBM Objectives

Attachment B – 2019 HBM Monthly Newsletters –April, May and June

Attachment C– Delaware Medical Assistance Program Provider Bulletin

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